

HOUSE BILL 1356

C3

2lr3229
CF SB 849

By: **Delegate Barkley**

Introduced and read first time: February 16, 2012

Assigned to: Rules and Executive Nominations

Re-referred to: Health and Government Operations, February 27, 2012

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 30, 2012

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Dental Preventive Care – Coverage**

3 FOR the purpose of requiring certain insurers, nonprofit health service plans, health
4 maintenance organizations, ~~dental plan organizations, and certain other~~
5 ~~persons~~ and dental plan organizations to provide coverage for certain dental
6 preventive care if certain conditions are met; prohibiting a carrier from
7 imposing a certain frequency limitation on dental preventive care; prohibiting
8 certain provisions of this Act from being construed to require coverage for a
9 certain service; making certain requirements of this Act applicable to health
10 maintenance organizations; defining certain terms; providing for the application
11 of this Act; and generally relating to coverage for dental preventive care under
12 health insurance.

13 BY adding to

14 Article – Insurance

15 Section 15–135.1

16 Annotated Code of Maryland

17 (2011 Replacement Volume)

18 BY adding to

19 Article – Health – General

20 Section 19–706(l)(l)

21 Annotated Code of Maryland

22 (2009 Replacement Volume and 2011 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
2 MARYLAND, That the Laws of Maryland read as follows:

3 **Article – Insurance**

4 **15-135.1.**

5 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE
6 MEANINGS INDICATED.

7 (2) “CARRIER” MEANS:

8 ~~(I) AN INSURER;~~

9 ~~(II) A NONPROFIT HEALTH SERVICE PLAN;~~

10 ~~(III) A HEALTH MAINTENANCE ORGANIZATION;~~

11 ~~(IV) A DENTAL PLAN ORGANIZATION; OR~~

12 ~~(V) ANY OTHER PERSON THAT PROVIDES DENTAL BENEFIT~~
13 ~~PLANS SUBJECT TO REGULATION BY THE STATE~~ AN INSURER, NONPROFIT
14 HEALTH SERVICE PLAN, HEALTH MAINTENANCE ORGANIZATION, OR DENTAL
15 PLAN ORGANIZATION THAT PROVIDES DENTAL BENEFITS ON AN
16 EXPENSE-INCURRED BASIS UNDER POLICIES OR CONTRACTS ISSUED OR
17 DELIVERED IN THE STATE.

18 (3) ~~(I)~~ “DENTAL PREVENTIVE CARE” MEANS A PREVENTIVE
19 DENTAL VISIT, SCREENING, ~~OR~~ ORAL EXAMINATION, TEETH CLEANING
20 (PROPHYLAXIS), FLUORIDE TREATMENT, OR ROUTINE PREVENTIVE SERVICE
21 THAT IS A COVERED BENEFIT UNDER A POLICY OR CONTRACT ISSUED OR
22 DELIVERED BY A CARRIER.

23 ~~(II) “DENTAL PREVENTIVE CARE” INCLUDES, IF THE~~
24 ~~SERVICE IS A COVERED BENEFIT:~~

25 ~~1. A ROUTINE DENTAL CLEANING;~~

26 ~~2. A ROUTINE DENTAL EXAMINATION; AND~~

27 ~~3. A FLOURIDE TREATMENT AS INDICATED BY~~
28 ~~EVIDENCE-BASED GUIDELINES.~~

1 ~~(B) A CARRIER THAT PROVIDES COVERED BENEFITS FOR DENTAL~~
2 ~~PREVENTIVE CARE SHALL PROVIDE COVERAGE IF:~~

3 ~~(1) THE BENEFITS ARE PROVIDED:~~

4 ~~(I) NO MORE THAN TWICE AT ANY TIME DURING THE PLAN~~
5 ~~YEAR ESTABLISHED IN THE POLICY OR CONTRACT IF THE POLICY OR CONTRACT~~
6 ~~PROVIDES COVERAGE FOR DENTAL PREVENTIVE CARE TWICE DURING THE PLAN~~
7 ~~YEAR; OR~~

8 ~~(II) NO MORE THAN ONCE AT ANY TIME DURING THE PLAN~~
9 ~~YEAR ESTABLISHED IN THE POLICY OR CONTRACT IF THE POLICY OR CONTRACT~~
10 ~~PROVIDES COVERAGE FOR DENTAL PREVENTIVE CARE ONCE DURING THE PLAN~~
11 ~~YEAR; AND~~

12 ~~(2) ANY OTHER REQUIREMENTS FOR COVERAGE OF THE DENTAL~~
13 ~~PREVENTIVE CARE ARE MET.~~

14 (B) IF BENEFITS FOR DENTAL PREVENTIVE CARE ARE AVAILABLE AND
15 ALL OTHER REQUIREMENTS FOR THE COVERAGE OF DENTAL PREVENTIVE CARE
16 ARE MET, A CARRIER SHALL PROVIDE COVERAGE FOR DENTAL PREVENTIVE
17 CARE:

18 (1) AT ANY TIME DURING THE PLAN YEAR FOR A POLICY OR
19 CONTRACT THAT PROVIDES COVERAGE FOR DENTAL PREVENTIVE CARE ONCE
20 DURING THE PLAN YEAR; OR

21 (2) SUBJECT TO SUBSECTION (C) OF THIS SECTION, IN
22 ACCORDANCE WITH ANY FREQUENCY LIMITATION FOR A POLICY OR CONTRACT
23 THAT PROVIDES COVERAGE FOR DENTAL PREVENTIVE CARE MORE THAN ONCE
24 DURING THE PLAN YEAR.

25 (C) A CARRIER MAY NOT IMPOSE A FREQUENCY LIMITATION ON DENTAL
26 PREVENTIVE CARE THAT REQUIRES THE DENTAL PREVENTIVE CARE TO BE
27 PROVIDED AT AN INTERVAL GREATER THAN 120 DAYS DURING A PLAN YEAR.

28 ~~(D)~~ (D) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE
29 COVERAGE FOR A SERVICE NOT OTHERWISE REQUIRED BY LAW.

30 Article – Health – General

31 19-706.

1 **(LLLL) THE PROVISIONS OF § 15-135.1 OF THE INSURANCE ARTICLE**
2 **APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.**

3 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
4 policies, contracts, and dental benefit plans issued, delivered, or renewed in the State
5 on or after October 1, 2012, or, for policies, contracts, and dental benefit plans in effect
6 in the State on October 1, 2012, but not subject to renewal before October 1, 2013, no
7 later than October 1, 2013.

8 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
9 October 1, 2012.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.